**Sponsor Green Light Check List – (Study name)**

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| Site Name |  |
| PI |  |
| R&D Contact |  |

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| **Site R&D/Governance Team** | **Confirmation (initials and date)** |
| Fully executed Site Agreement in place between Sponsor and participating site |  |
| Formal receipt of Trust Confirmation of Capacity and Capability (C&C) from the participating site |  |
| **Sponsor Team** |  |
| Confirmation that the participating site is listed on the IRAS form or (if site not included in the original application), that a minor amendment has been submitted and approved by REC/HRA to add the site |  |
| Confirmation that the Site Initiation Visit is complete, any issues raised at the SIV have been resolved and the SIV Report (GD002) has been approved by the local PI |  |
| QA check of Sponsor File and Site File (at SIV) |  |
| Emergency code break/unblinding test run complete (if applicable) |  |
| Receipt of the protocol acceptance form (FRM101) |  |
| **Local Site Team** |  |
| Receipt of the completed/signed Site Delegation Log |  |
| Receipt of CVs – for PI and all individuals on the Site Delegation Log. Each CV must be current and signed/dated by the individual within the past 3 years. |  |
| Receipt of evidence of GCP training for all individuals on the Site Delegation Log. Evidence must be a copy of the GCP training certificate, GCP training must have been completed within the past 3 years. |  |
| Evidence of study specific training. This may be completed at the Site Initiation Visit and recorded on the Site Training Log and should include: study/protocol training, X, Y and Z (as applicable to study) |  |
| Localised study documents all received and Sponsor-approved (e.g., patient information sheet, ICF) |  |
| Receipt of laboratory normal ranges |  |
| Site File set-up complete |  |
| Documentation of the study on the R&D Asset Register (GD030) |  |
| Study related equipment on-site, cleared by Clinical Engineering and in-hand with the local research team (as applicable) |  |
| Key Contacts Form completed by site team |  |
| Successful out of hours safety check complete (as applicable) |  |
| Zivver process testing completed (if applicable) |  |

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| **Documents Sent** | **Confirmation (date)** |
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